



**Application for Admission**  
**School Year: 2009 - 2010**

Student Information      Applying for Grade \_\_\_\_\_      School Year \_\_\_\_\_  
Student's Full Name \_\_\_\_\_      Prefers to be called \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Age \_\_\_\_\_      Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_      Citizenship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_      Family e-mail address (if applicable) \_\_\_\_\_

Family Information

Father/Guardian:  
Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

Mother/Guardian:  
Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
\_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

If parents are separated or divorced please list name, address and phone number of the other parent, if you desire, so they can receive correspondence from Regents Academy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Siblings:**

Name _____	Age: _____	Grade _____	School _____
Name _____	Age: _____	Grade _____	School _____
Name _____	Age: _____	Grade _____	School _____
Name _____	Age: _____	Grade _____	School _____
Name _____	Age: _____	Grade _____	School _____

Grandparents: (Please list names and addresses of grandparents so we can keep them informed of activities and events during the school year.)

Paternal: \_\_\_\_\_  
\_\_\_\_\_

Maternal: \_\_\_\_\_  
\_\_\_\_\_

**Church Affiliation**

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of Pastor \_\_\_\_\_

**Other**

Please use the space below to provide us with your parental perspective on your child. We would like you to describe your child's strengths and abilities, special areas of interest or concern, and his/her position and relationship to God. We appreciate your effort in helping us to know your child better.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGENTS ACADEMY**  
**Emergency Medical Form**

School Year: 2008 - 2009

Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Cellular: \_\_\_\_\_

Father's Cellular: \_\_\_\_\_

Mother's Pager: \_\_\_\_\_

Father's Pager: \_\_\_\_\_

Emergency Contact(s) in event neither parent can be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Student's Medical Concerns/Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Limited Power of Attorney:** In the event that I/we cannot be reached to make arrangements for emergency medical care, I/we authorize the administrator, teachers and/or staff members of Regents Academy to provide transportation to the nearest hospital. Additionally, I/we do hereby give my/our consent for any physician/hospital recommended emergency medical care for my child. Regents Academy will make a reasonable effort to contact parents and other emergency contacts listed above, as well as, in the authorization of physician/hospital recommended medical treatments and/or surgeries.

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_  
Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Hold Harmless Waiver:** I/we understand and agree to hold harmless Regents Academy (etal) in the event of an accident or injury. And, in the event medical attention is required, I/we do hereby agree to hold harmless Regents Academy (etal) for any physician/hospital recommended treatments or surgeries authorized by Regents (etal) under the above Medical Limited Power of Attorney.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent's Cooperation Agreement**

As a parent/guardian of a child attending Regents Academy, I affirm and consent to the following:

- I am sufficiently satisfied with the curriculum, teaching methodology, facility, Statement of Faith, personnel, and ideals of the school, to enroll my child at Regents Academy.
- I understand and support the discipline policy of the school.
- I understand that the school, after consultation with parents, has final responsibility for deciding the placement of my child in the proper grade level.
- I will be financially responsible for any damage caused to school property by my child.
- If problems regarding my child's education arise, I will discuss matters directly with my child's teacher(s) and/or administrator. I will do my part to resolve such difficulties in a manner consistent with Christian behavior.
- I will support the school and its policies concerning dress, conduct, and all other matters outlined in the Regents Academy Parent - Student Handbook.
- I will assume my part of the responsibility of my child's education by supervising assigned homework and keeping regular contact with my child's teachers.
- I will support, to the best of my ability, the various activities of the school.
- I will allow my child to be photographed or videotaped for public relations and/or training purposes.
- I pledge to pay my financial obligation to Regents Academy on or before the due date **even if my child is voluntarily withdrawn or expelled from school**; and I agree to the prescribed penalties if I fail to do so.

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Parent/Guardian Signature

Date

**Student Standard of Conduct**

Students at Regents Academy are expected to follow a standard of conduct in accordance with high Christian principles. As a student of Regents Academy, you will be asked to agree to the following:

- To cooperate respectfully and obey willingly those in authority
- To strive for excellence as a student
- To conform with the dress code that has been set by the school
- To refrain from dissension, gossip, grumbling, and complaining
- To submit to the discipline policy of Regents Academy
- To maintain high moral standards in words and actions, both on and off campus

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Student Signature, grade 3 and up

Parent Signature, Grade K through 3

Regents Academy, a Christian and Classical School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to other students at the school. Regents Academy does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or other school-administered programs.

**Regents Academy of Nacogdoches**  
**Hold Harmless Waiver/Indemnification**

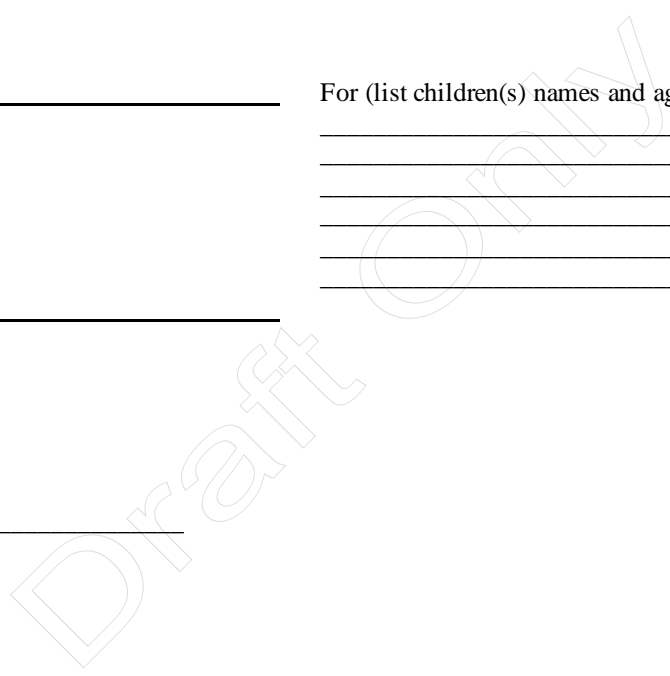
I, \_\_\_\_\_ as the legal representative of the children listed below, do hereby agree to indemnify and hold harmless Regents Academy of Nacogdoches including but not limited to their Board Members, Administrator, Directors, Teachers, Owners, Partners, for any and all causes of actions, other than that of gross negligence. For purposes of additional emphasis and clarification, both parties specifically agree this Hold Harmless Indemnification is in exchange for the valuable consideration received from Regents Academy of Nacogdoches in providing a Christian and Classical education per the Curriculum Guide/Summary, Parent - Student Handbook and Tuition Policy, receipt and sufficiency of which are hereby acknowledged.

\_\_\_\_\_  
By:  
Legal Guardian

For (list children(s) names and ages):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
By:  
Legal Guardian

\_\_\_\_\_  
By:  
For: Regents Academy



**Regents Academy  
Discipline Policy Agreement**

Parents, please **sign one** of these two statements:

I have read the Regents Academy discipline policy included in the Student-Parent Handbook and agree that my child \_\_\_\_\_ will be disciplined per this policy, including corporal punishment if required in the Administrator's judgment.

\_\_\_\_\_

I do not wish my child \_\_\_\_\_ to be subject to corporal punishment. I understand that if a situation occurs which would normally result in corporal punishment, I will be contacted to immediately meet with the Administrator to determine the appropriate discipline. This may require my child to be taken home for the rest of that school day.

\_\_\_\_\_

Draft Only

## MEDICATION INSTRUCTIONS

Student's Name \_\_\_\_\_  
Please Print

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_

All medications must have instructions from the prescribing physician on the container dispensing said medication. No prescribed medications will be given without these official instructions.

Regents Academy will have on hand generic medications such as aspirin and other topical medicines. Your signature below will allow them to be used in your absence and without further permission.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Regents Academy**  
**Student Drop-off, Pick-up Permission Form**

Student's name: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Please check either "A" or "B" below (if "A" please fill in accordingly):

\_\_\_\_ A. We, the parents of the above named student, do hereby give permission to the following named persons to drop-off, or pick-up, our child from school without further notice:

- 1)
- 2)
- 3)
- 4)

\_\_\_\_ B. We, the parents of the above name student do not give permission for anyone other than ourselves to drop-off, or pick-up, our child from school without further notice.

Please sign below:

\_\_\_\_\_  
Signature  
Date

\_\_\_\_\_  
Signature  
Date

Draft Only

# Regents Academy of Nacogdoches

## Consent of Parents to Release Student Records

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Name of School

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Address of School

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City

State

Zip

The undersigned gives you permission to furnish all student records necessary for enrollment of the below-named student in Regents Academy. Please provide a complete transcript, test results, health records, and any other information on the student that might be of help in the placement of the student. I understand that pursuant to the Family Educational Rights and Privacy Act of 1974 I have the right to receive a copy of the records, to review the records, and to request a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's rights of privacy or other rights.

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Exact name of student as carried on the roles of the educational institution furnishing the records

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Signature of parent/legal guardian

Date

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Relationship to student

**Mail to:**  
**Regents Academy**  
**200 N. E. Stallings Dr.**  
**Nacogdoches, TX**  
**75961**